Medication Therapy Management (MTM) program for Part D eligible members of PrimeWest Senior Health Complete (HMO SNP) and Prime Health Complete (HMO SNP) 2022 plan year

This document contains information about the MTM Program for plan year 2022.

Our goal is to help you get the best results from your medications at the lowest possible price. This program will help you do the following:

- Make sure all your drugs are the right choice for your medical conditions
- Learn how to get the most from your medications
- Lower your risk for harmful drug reactions and side effects
- Learn why it’s important to take your medications on time
- Potentially find ways to save money

Member Eligibility

You are eligible to participate if you meet all of the following criteria:
1. You have 3 or more of the conditions listed below:
   - Asthma
   - Chronic heart failure (CHF)
   - Chronic Obstructive Pulmonary Disease (COPD)
   - Diabetes
   - High blood pressure
   - High cholesterol
   - Autoimmune Diseases
2. You take 8 or more covered Part D medications related to the chronic conditions listed above
3. Your total medication costs are more than $4,696 per year

Services Offered

- Yearly Comprehensive Medication Review (CMR)
- Quarterly Targeted Medication Review (TMR)

These services are provided by telephone, or in some cases in person. PrimeWest Health works with an organization called MedWiseRx.

What You Can Expect

What can you expect from the following services?

Comprehensive Medication Review (CMR)

You will be asked to have all your medications with you. A trained MTM provider will review each of them, including how much and how often you take them. The review usually takes about 30 minutes. After the review, you will get a summary of the discussion, a Medication Action Plan, and a Personal Medication List (PML). A sample of the PML is included at the end of this document.

Targeted Medication Review (TMR)

Once every few months, your medications will be reviewed for certain issues. We may contact your health care provider if we find a potential problem.
It’s Easy to Get Started!
If you meet the eligibility criteria above, you will be automatically enrolled in the MTM Program, including CMR and TMR services. You will get a welcome letter that tells you how to schedule a CMR.

There is no added cost to eligible members for this program. You may cancel your enrollment in the MTM program at any time. You may also choose to take part in only certain services you find valuable. Your prescription drug benefits will not change if you do or do not take part in this program.

For more information or to receive MTM service documents, call Member Services at 1-800-366-2906. TTY users call 1-800-627-3529 or 711. The call is free. Hours of operation are: October 1 – March 31, 7 days a week, 8 a.m. – 8 p.m.; April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. Ask to speak to someone about the MTM Program.

The MTM Program is a service offered to eligible members at no extra cost. This service is not considered a benefit.
PERSONAL MEDICATION LIST FOR <Insert Member’s name, DOB: mm/dd/yyyy>

This medication list was made for you after we talked. We also used information from <insert sources of information>.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers in your care team to update this list at every visit.

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

DATE PREPARED: <INSERT DATE>

Allergies or side effects: <Insert beneficiary’s allergies and adverse drug reactions including the medications and their effects>

Medication: <Insert generic name and brand name, strength, and dosage form for current/active medications.>

How I use it: <Insert regimen, including strength, dose and frequency (e.g., 1 tablet (20 mg) by mouth daily), use of related devices and supplemental instructions as appropriate>

Why I use it: <Insert indication or intended medical use>  Prescriber: <Insert prescriber’s name>

<Insert other title(s) or delete this field>: <Use for optional product-related information, such as additional instructions, product image/identifiers, goals of therapy, pharmacy, etc., and change field title accordingly. This field may be expanded or divided. Delete this field if not used.>

Date I started using it: <May be estimated by Plan or entered based upon beneficiary-reported data, or leave blank for beneficiary to enter start date>

Date I stopped using it: <Leave blank for beneficiary to enter stop date>

Why I stopped using it: <Leave blank for beneficiary’s notes>
## Personal Medication List For

<Insert Member’s name, DOB: mm/dd/yyyy>

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If you have any questions about your medication list, call < insert MTM provider contact information, phone numbers, days/times, etc. >.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB number for this information collection is 0938-1154. The time required to complete this information collection is estimated to average 40 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.
Attention. If you need free help interpreting this document, call the above number.

1-800-366-2906 (toll free); TTY 1-800-627-3529 or 711

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

Attention. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.
Civil Rights Notice

Discrimination is against the law. PrimeWest Health does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Auxiliary Aids and Services: PrimeWest Health provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. Contact PrimeWest Health at memberservices@primewest.org, or call Member Services at 1-800-366-2906 (toll free) or TTY 1-800-627-3529 or 711.

Language Assistance Services: PrimeWest Health provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. Contact PrimeWest Health at memberservices@primewest.org, or call Member Services at 1-800-366-2906 (toll free) or TTY 1-800-627-3529 or 711.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by PrimeWest Health. You may contact any of the following four agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services’ Office for Civil Rights (OCR)
You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)
Contact the OCR directly to file a complaint:
Director
U.S. Department of Health and Human Services’ Office for Civil Rights
200 Independence Avenue SW
Room 515F
HHH Building
Washington, DC 20201
Customer Response Center: Toll-free: 800-368-1019
TDD 800-537-7697
Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)
In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:
• race
• color
• national origin
• religion
• creed
• sex
• sexual orientation
• marital status
• public assistance status
• disability

Contact the MDHR directly to file a complaint:
Minnesota Department of Human Rights
540 Fairview Avenue North
Suite 201
St. Paul, MN 55104
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)
You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:
• race
• color
• national origin
• creed
• religion
• sexual orientation
• public assistance status
• age
• disability (including physical or mental impairment)
• sex (including sex stereotypes and gender identity)
• marital status
• political beliefs
• medical condition
• health status
• receipt of health care services
• claims experience
• medical history
• genetic information

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.
DHS will notify you in writing of the investigation’s outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact DHS directly to file a discrimination complaint:
Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

PrimeWest Health Complaint Notice
You have the right to file a complaint with PrimeWest Health if you believe you have been discriminated against because of any of the following:

- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information
- disability (including mental or physical impairment)
- marital status
- age
- sex (including sex stereotypes and gender identity)
- sexual orientation
- national origin
- race
- color
- religion
- creed
- public assistance status
- political beliefs

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:
Rebecca Fuller
Civil Rights Coordinator
PrimeWest Health
3905 Dakota St
Alexandria, MN 56308
Toll Free: 1-866-431-0801
TTY: 1-800-627-3529 or 711
Fax: 1-320-762-8750
Email: rebecca.fuller@primewest.org

American Indian Health Statement
American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.